1633#  
Docket No. 0575/59167/JPW/BJA/AHM

In re application of: David J. Pinsky et al.,

Serial No.: 09/374,586

Examiner: Chen

Filed: August 13, 1999

Group Art Unit:

For: CD39/ectoADPase AS A TREATMENT FOR THROMBOTIC AND ISCHEMIC DISORDERS

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HONORABLE ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

MAY 15 2003

S I R:

TECH CENTER 1600/2900

Transmitted herewith is an amendment to the above-identified application.

- ☒ Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted.
- ☐ a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.
- ☒ No additional fee is required.

The filing fee is calculated as follows:

|   | NUMBER<br>AFTER<br>AMEND-<br>MENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |   | NUMBER OF<br>EXTRA<br>CLAIMS<br>PRESENTED |   | RATE                       |                 | FEE             |                |
|---|-----------------------------------|---|---|---|---|---|----------------------------|-----------------|-----------------|----------------|
|   |                                   |   |   |   |   |   | SMALL<br>ENTITY            | OTHER<br>ENTITY | SMALL<br>ENTITY | OTHER<br>ENTIT |
| Total<br>Claims   | 29                                | - | * 25  | - | *** 4                                     | x | \$9.00                     | \$18.00         | -               | 36             |
| Indepen-<br>dent<br>Claims  | 4                                 | - | ** 3  | - | ***                                       | x | \$42.00                    | \$84.00         | -               | 42             |
| Multiple Dependent<br>Claims(s) Presented _____ Yes _____ No<br>For First Time: |                                   |   |   |   |   |   | \$140.00                   | \$280.00        |                 | 0              |
|   |                                   |   |   |   |   |   | TOTAL ADDITIONAL FEE \$ 78 |                 |                 |                |

\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\*If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

Amendment Transmittal Letter  
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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

\_\_\_\_ Please charge Deposit Account No. 03-3125  
in the amount of \$ \_\_\_\_.

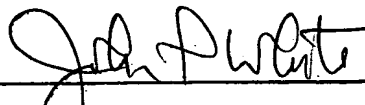
X A check in the amount of \$ 474.00 is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

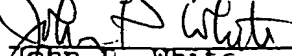
X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Honorable Assistant Commissioner for Patents, Washington, D.C. 20231.

  
John P. White  
Reg. No. 28,678

5/7/03

Date